Insights Series

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achieving-operational-excellence

Dealing with the "Surge after the Surge"

Key strategies for a successful post-pandemic cancer program

A thought leadership paper on 'Achieving operational excellence'
co-authored with ECG Management Consultants

SIEMENS Healthineers

Preface

The Insights Series

The Siemens Healthineers **Insights Series** is our preeminent thought leadership platform, drawing on the knowledge and experience of some of the world's most respected healthcare leaders and innovators. The Series explores emerging issues and provides you with practical solutions to today's most pressing healthcare challenges.

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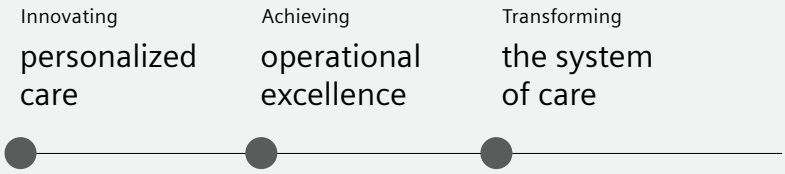

Our **Insights** portfolio is an integrated collection of events, speaking engagements, roundtable discussions, and an expanding array of print and digital platforms and products all carefully curated to share ideas, encourage discussion, disseminate original research and reinforce our position as a healthcare thought leader.

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Executive summary

Years from now, when people look back on the COVID-19 pandemic, they will remember illness and death, they will remember fear, and they will remember staying at home. Shelter-in-place orders swept the world during the early days of the pandemic, and that enforced isolation had a profound effect. For people living with illness, particularly cancer patients, COVID-19 essentially prevented them from seeking the care they needed to combat the disease. As for people developing cancer for the first time, in many cases it would be months before they would find out.

The result of these delays is a pent-up demand for cancer services and oncologist appointments—a demand that has already begun manifesting and which will surely increase in the months to come. Cancer programs need to start planning now for the backlog they know is coming, because their patients will likely need them more than they ever have before.

ECG Management Consultants, a strategic consulting partner of Siemens Healthineers, has a dedicated oncology consulting practice with over 30 years of experience working with cancer programs throughout the world. This paper is based on interviews by ECG's Oncology consulting team with leaders from the from several National Cancer Institute (NCI) designated cancer centers across the US.[1] The strategies proposed in this paper by ECG Management Consultants reflect the advice from these leaders and can be adapted by cancer care programs everywhere in a post-pandemic world.

Healthcare leaders have begun talking about the "surge after the surge," referring to the huge anticipated increase in patient volumes, as people begin feeling safer leaving home, and safer visiting health providers. The strategies proposed by ECG are designed to help cancer programs weather this surge. They are as follows:

- Prepare **clinical operations** to accommodate an increase in patient demand while ensuring patient and staff safety.
- Develop or maintain strict **safety** protocols to ensure the safety of patients.
- Prepare the clinical and nonclinical **workforce** to respond to increases in demand.
- Update the **physical environment** to meet current social distancing requirements, while at the same time accommodating additional patient volumes.
- Thoughtfully resume **clinical research** efforts.
- Enhance **communication with patients**, allaying their fears while also educating them about the risks inherent with delaying treatment.
- Deploy **financial management** systems to maximize revenue.

Introduction

The effects of the COVID-19 pandemic have been felt everywhere. Shelter-in-place orders have kept millions of people around the world from leaving their homes, except to perform necessary tasks such as shopping for groceries. Businesses have shut down. Schooling has been affected. The very way people communicate with one another has been transformed, possibly forever.

From a healthcare point of view, it has been the effect on patients—particularly cancer patients—that has been the most troubling. Access to care has of course been compromised, particularly in the early months. Healthcare providers, not to mention their staff and medical devices, were diverted to battling the pandemic—their attention focused almost exclusively on helping those patients in crisis. The promotion of screening programs was paused.

In addition, many patients simply withdrew. They were afraid of contracting COVID-19, and the last place they wanted to be was an office or hospital where people with the disease were being treated. And so they stayed away, canceling or postponing visits to their doctors, and putting off screening tests. Over the course of much of the pandemic, oncology providers saw a sharp decline in outpatient visits.

The results of this drop-off in care have been sadly predictable. Early in the pandemic, researchers began warning of delayed detection of cancer, estimating that the time the disease went undiagnosed and untreated could lower the cancer survival rate in high-income countries by as much as 10%.[2]

Those concerns were borne out, in large measure because many people experiencing the initial symptoms of a new cancer, such as strange pain or discomfort, either chose not to, or could not, access care. According to a recent study from Spain, 34% fewer lung cancer cases were detected in 2020, compared to 2019 pre-COVID-19.[3] In the Netherlands, up to 61% fewer skin cancer cases were diagnosed in the early weeks of the pandemic, compared to the weeks before the first COVID-19 case was confirmed in the Netherlands.[4]

Of course, it was not only new cases that were affected. The pandemic also disrupted ongoing cancer care and important follow-up appointments. In the UK, 29% of cancer patients reported that delays, rescheduling and cancellations had disrupted their treatment and 6% have had a test, scan or treatment cancelled.[5]

Screening was also affected. In the US, screenings for breast, colon, prostate and lung cancers decreased by up to 85%, 75%, 74%, and 56% respectively in April 2020.[6] Histopathology and cytopathology numbers also fell significantly. In Belgium, one study found that there were 72% fewer samples for the laboratory in April 2020 than there had been in January and February 2020.[7]

Finally, given the widespread concern over infection and people's reluctance to interact with others, it should be no surprise that clinical trials were difficult to sustain. In the US, researchers have found that trial activations were down by 43%.[8] Only 14% of European, 20% of American and 60% of Asian institutions were able to continue enrolling patients in ongoing cancer clinical trials at a rate comparable to before the pandemic.[9]

What all of this has created is, in effect, a perfect storm of new cancer patients now requiring care, as well as existing cancer patients waiting for the best time to return to their providers.

The challenge

The Surge after the Surge

The expression "surge after the surge" has been creeping into discussions and writings about healthcare recently. The first "surge" refers to those stages of the pandemic where COVID-19 cases were rising, the number of deaths was increasing, fear was spreading and people—specifically patients—were staying home. The second "surge", of course, refers to the anticipated influx of patients who are suddenly able to access their care providers, and are finally able to venture out to an office, clinic or hospital. There is without question a pent-up demand for cancer screenings, diagnostic workups and treatments that have been delayed since the start of the pandemic. As cancer programs look to restart operations in the new environment, they will have to have plans in place for working through what may very well be a backlog of patients.

Added to this, of course, is the added complication that many existing patients will have cancers that have advanced in the months they have gone without care. A survey has shown that two-thirds of radiation oncologists report that new patients more often have advanced-stage disease at their initial clinic visit.[10]

72% fewer samples

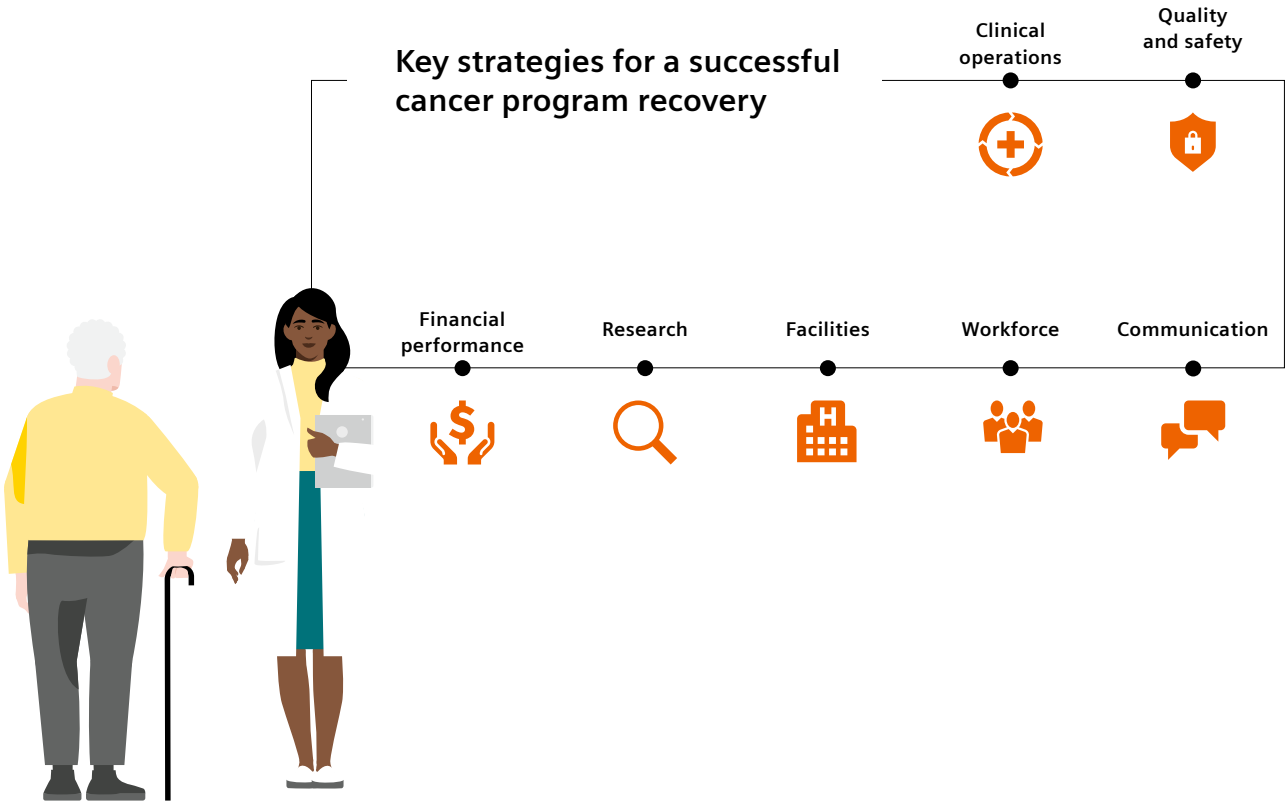
Laboratory samples in histopathology and cytopathology decreased heavily (Belgium).[7]

This paper is issued by our affiliated healthcare consulting firm, ECG Management Consultants, and its Oncology Consulting Practice.[1] Through ECG's work, many cancer programs accept as fact that there will indeed be a surge after the surge, and that cancer programs that do not plan for this will experience problems, as will their patients. ECG's Oncology Practice interviewed leaders from National Cancer Institute (NCI) -designated cancer centers across the US, exploring how they are planning for recovery. ECG's Oncology team proposes key strategies in seven critical areas, all designed to help healthcare providers and organizations provide oncology services in a post-pandemic world, and weather the surge after the surge.

The solution

Key strategies for a successful cancer program recovery

Planning for this surge will require cancer program leaders to implement strategies in all of these areas, in order to guide their organizations through a successful recovery, and ensure the safety of patients and staff while providing essential care to cancer patients.



Clinical operations

Over the last two to three years, many cancer programs began experiencing the combined effects of aging facilities, growing communities, the integration of acquired practices, and the addition of newly recruited providers. While the COVID-19 crisis may provide some temporary relief from the overcrowding experienced, this will last only until the recovery begins. It will be important, in preparation for recovery, for programs to deploy a number of strategies to increase their capacity.

Telehealth: Most programs rapidly implemented or expanded their use of telehealth during the COVID-19 pandemic. Leaders saw a 100-fold to 1,000-fold increase in use of the telehealth platform in March. For many programs, the adoption of telehealth services led to a redesign of clinical workflows (e.g., no longer requiring a physician visit before chemotherapy). Telehealth has been embraced by many patients and providers and is a logical tool for managing routine follow-up and survivor visits. Leading centers are planning to maintain telehealth as a core service delivery tool, anticipating that 25% to 50% of office visits will be conducted remotely. Telehealth services offer both near- and long-term benefits.

- They increase capacity by allowing the physical center to care for more in-person patients while also offering care remotely.
- They improve social distancing by reducing the number of patients in the center.
- They create market differentiation, as early results from both patients and providers indicate positive feedback to virtual visits.

Programs should look for opportunities to expand telehealth services, particularly related to survivorship clinics, social work support, and clinical pharmacist follow-up visits for medication management.

Operational debulking: Centers should carefully evaluate clinical practices across the organization to identify opportunities to reduce the number of on-site clinical encounters.

- Eliminate unnecessary encounters (e.g., physician consultations before each chemotherapy procedure).
- Transition encounters to alternate care settings (e.g., oral oncolytics or in-home infusions)
- Reduce the number of encounters required (e.g., hypo-fractionation for radiation therapy patients).

Surgical alternatives: Facilitate discussions with medical staff leadership to develop or update clinical protocols regarding the use of radioembolization, radio frequency ablation, and cryoablation as alternatives to surgical procedures.

Addressing bottlenecks: Identify operational bottlenecks in the system (both in the cancer center and in upstream/diagnostic service areas) and develop solutions to improve capacity (e.g., extended operating hours, increased staffing).

Operating hours: Most of the NCI center leaders are planning to extend operating hours in order to increase their capacity. Centers should develop a clear plan that addresses factors such as when to implement extended hours, how to staff the clinic, etc.

Decanting to smaller centers: Many NCI centers are looking to use their community-based network to decant volume out of the main center. Doing so requires a staffing plan, clinical algorithms regarding the appropriate care locations, and the potential use of telehealth services to augment the provider services in community clinics. Centers that have begun implementing this strategy report increased patient satisfaction in being able to receive care closer to home.

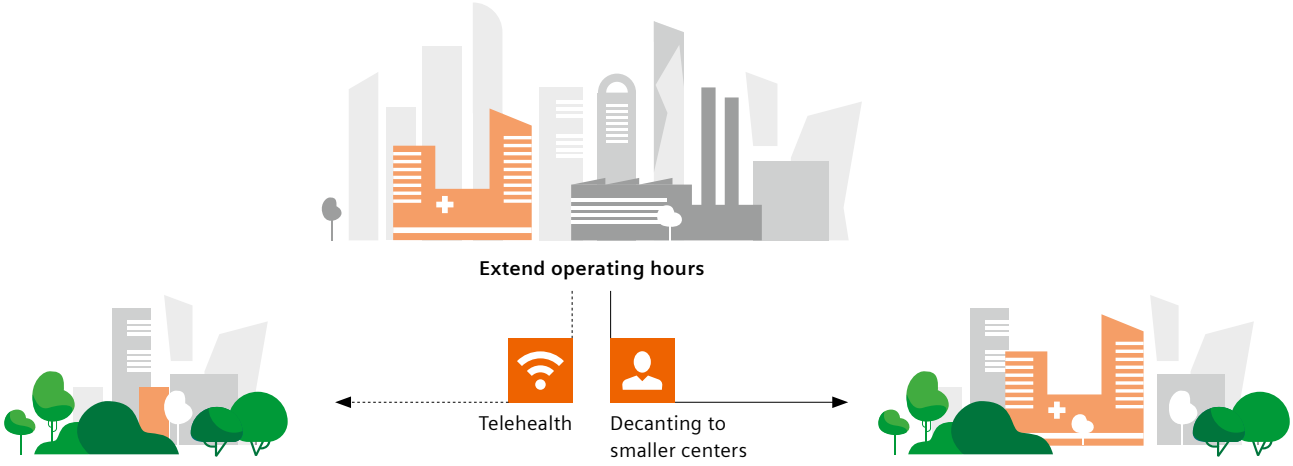
Testing: A key concern is COVID-19 testing protocols for patients and staff. All the leaders recommended developing a set of policies governing the routine testing of asymptomatic patients and staff. The frequency of testing will evolve, based on the availability and turnaround time for tests; however, the following steps were recommended:

- Test all patients before initiating treatment.
- Test patients receiving therapy every two to four weeks.
- Develop protocols for staff testing, although there was no consensus regarding the frequency of this testing.

Visitor policy: All the surveyed NCI centers had implemented a strict no-visitor policy. While these policies are viewed as being in the patients' best interests, it was acknowledged that they take an emotional toll and are not very patient-friendly. Although these policies are currently necessary, centers must evaluate alternative models to support visitors, such as COVID-19 testing, required use of PPE, or other strategies. The phasing back in of visitors will also need to be gated with the pace of recovery and the incidence rate in the community. Nonetheless, centers should monitor this policy vigilantly to ensure that they provide an optimal healing environment.

Social distancing: Policies have been enacted across each center to increase social distancing. Examples include:

- Not collecting copays to minimize the number of patients at reception.
- Conducting virtual scheduling of new patients (including collecting all necessary financial information).
- Reducing the number of infusion chairs in operation to increase the distance between patients.



Quality and safety

49% of oncology professionals

reported that they were unable to do their job at the same standard compared to the time before COVID-19.[11] 78% had concerns for personal safety at work.[11]

Now, more than ever, quality and safety issues are of paramount importance. Cancer centers will simultaneously seek to adopt new care models and refine operational practices to improve patient access and ensure patient safety. However, change creates disruption and must be carefully monitored to avoid adverse impacts on patients.

Infection control: Many programs adopted a variety of infection control policies during the pandemic, such as requiring patients to pass a COVID-19 screening, restricting visitors, limiting vendor access, and mandating use of PPE by patients and employees. Extend these policies for the foreseeable future in order to ensure a safe, healing environment for cancer patients.

Guideline relaxation: With an eye to the future, establish the criteria and policies that will be used to determine when to relax COVID-19 infection control measures.

Triage criteria: Anticipating periods during the recovery surge when the program is overwhelmed by patient demand, develop (or adopt) a set of triage protocols that govern access to services. The triage protocols published by American Society of Clinical Oncology and American College of Surgeons to guide patient management through the pandemic may provide a baseline from which to begin.

Workforce

The post-outbreak period will present a number of workforce challenges. Programs will need to balance staffing to meet patient demands with efforts to prevent burnout among the workforce; specific challenges will likely vary by employee category.

Increase capacity: Develop plans to scale up staffing, as appropriate, to meet increased patient demand. Given the physical limitations of each facility, many could find this involves moving to extended hours of operation, as most of the center leaders are planning to do. Begin by surveying staff to understand their preferences and/or flexibility for alternative work schedules. With limited day care options, younger parents may favor work schedules that allow them to balance child care with their partner. At the same time, evaluate your compensation policies to ensure that staff are fairly paid and incentivized to provide much-needed services.

Provider staffing: Evaluate your provider (physician and advanced practice provider) staffing model soon. Stress-test the model to determine how much additional capacity it can absorb, and then begin looking for additional resources to fill any gaps. Also, consider potential changes in the provider mix and roles (e.g., more advanced practice providers working at the top of their license to manage follow-up and survivorship visits). Programs with a clinical affiliation partner may be able to tap into additional resources, either to provide in-person care or to support telemedicine visits.

Facilities

Preparing cancer care facilities for the post-outbreak volume recovery involves readiness for an increase in patient volume while also ensuring patients' health and safety.

Maintain distancing measures: Until a vaccine is widely distributed, plan on continuing key safety measures that were implemented during the pandemic, such as physical barriers for reception, decreased seating capacity in waiting areas, screening stations at entrances, and similar measures. Distinct egress and circulation for patients and staff should be defined to minimize risk within the building if possible. Doing so will help to prevent the spread of COVID-19 through the center and reassure patients that their health and safety is of paramount importance.

Adjust the air pressure environment: An updated air pressure environment will help supplement the distancing measures already in place. Establish a positive air environment to better protect patients from COVID-19 entering their room (or zone). For patients who have tested positive for COVID-19, a negative pressure environment should be established, or measures put in place, to filter air in exiting rooms or zones housing those patients. These spaces should be developed by first assessing current conditions, installing room pressure monitors, and then updating operations of the centralized HVAC system. In general, establishing positive pressure zones is a low-cost measure that can be accomplished with most existing HVAC systems. Establishing negative pressurization usually requires more costly modifications or adjustments to existing systems.

Off-site operations: Consider relocating nonclinical and nonessential staff and operations off site from the cancer center. Doing so will reduce the density of people in the building and support efforts to create spatial distancing. This will free up additional office space for clinicians or provide an area for positive pressure zone(s).

Additional space: The combined effect of social distancing and patient volume increases may mean that additional office space must be found for consultations. Begin identifying nearby options now, potentially in the offices of other specialists or clinics that are not projected to experience a surge in volume. In identifying additional clinical space, it is important to ensure that spatial and/or temporal distancing from the non-oncology patients can be achieved and that the spaces will be cleaned and maintained in a manner that is similar to the primary oncology spaces.

Telehealth space: Given the increase in digital and telehealth care in the industry, additional space for telemedicine clinicians should be made available. Using existing clinical offices on site, with support of the main oncology staff, could prove valuable.

Alternative waiting spaces: Evaluate alternative options for check-in and patient waiting to avoid large groups of patients in waiting areas. For example, consider a pager system that allows patients to wait in their car until the provider is ready. Another alternative is to install temporary structures (e.g., modular trailers) outside, adjacent to the main building egress point.

Parking: The surge of patient volume may be more than the site's parking was originally planned to accommodate. Give top priority to patients needing access close to the building's egress point(s). Short-term solutions that could be implemented quickly include implementing or expanding shuttle service, leasing additional space, and/or rezoning staff or physician spaces near the center.

Research

As of early May 2020, approximately 10% of clinical research sites remain open to enrollment, as most research programs have halted screening and enrolling participants. For ongoing trials, research teams have struggled with protocol adherence due to fewer patients and research staff. The good news is that a significant backlog of trials is planned. Cancer centers will be able to continue to serve their patients with novel treatments; this will be balanced against the need to conduct research in a new, post-outbreak environment. It is vital that research efforts be coordinated with previously discussed processes, especially around PPE distribution, infection control, and facilities management.

Virtual studies: Research participants are hesitant to travel to their health systems for care. This has forced research teams to implement and expand telehealth, mobile nursing, and other remote monitoring tools throughout the pandemic. While there are few clinical oncology studies that can be fully managed in a virtual format, investigators and research teams should continue to embrace remote consent, telehealth, remote patient care, and mobile nursing visits with research participants.

Sponsor management: Providers report continued challenges with protocol modifications due to the pandemic that are starting to lighten up as the entire industry adapts to the need for flexibility in contracting, site visits, and drug distribution. Clinical research administration must document, by sponsor, their respective protocol modifications and make this information available to study teams.

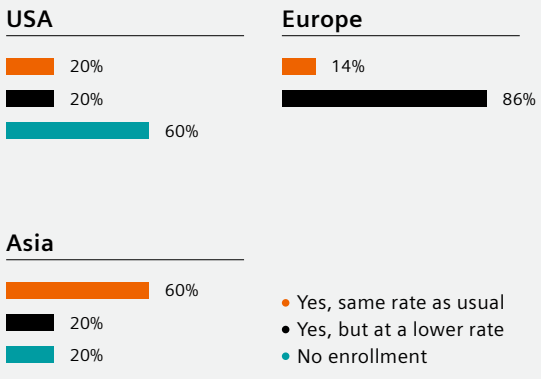
Study management: Protocol deviations will continue to be a concern, as research participants may be reluctant to fully comply with their scheduled visits. Research teams must continue to fully document whether these constitute minor or major protocol deviations, with any major deviations being reported per organizational protocol to the appropriate IRBs.

Research staff: Cancer centers need to continually monitor the workload of the respective study teams. Some may consider centralizing their clinical research staff to better manage study deployment, while others may create dedicated backup teams to manage any staff shortages.

Blood and tissue samples: Many organizations stopped collecting biospecimens for all patients in the early stages of the pandemic. Coordinate with infection control to document handling precautions for COVID-19–infected and noninfected patients. There are typically no additional handling precautions for noninfected samples; however, biospecimens from COVID-19 patients should have clearly documented procedures around collection, processing, and disposal.

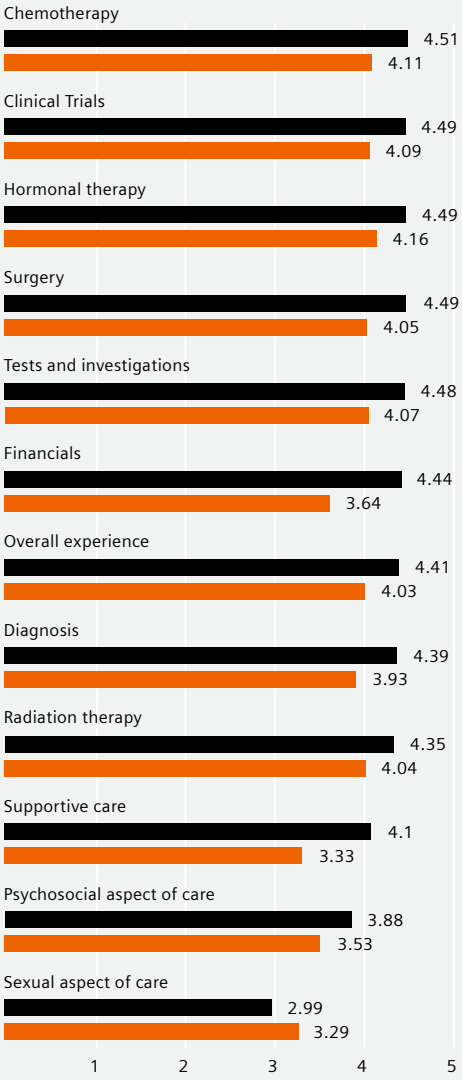
Less patients were enrolled into ongoing clinical trials.[9]

Institutions reported the rates at which they enroll patients in ongoing clinical trials.



Which information matters for cancer patients?[12]

Importance and satisfaction level of respondents relating to information received about care and its implications.



- Importance level
  1 = not important
  2 = slightly important
  3 = neutral
  4 = important
  5 = very important

- Satisfaction level
  1 = very dissatisfied
  2 = dissatisfied
  3 = neither satisfied nor dissatisfied
  4 = satisfied
  5 = very satisfied

Communication

Communication with patients is vitally important, now more than ever. For months, patients have seen images on television of overwhelmed hospitals, and many are avoiding healthcare services for fear of being at an increased risk of exposure to COVID-19. However, for cancer patients, these fears may place them in greater danger for an unfavorable outcome from their disease. Now is the time for cancer programs to proactively begin a dialogue with their patients.

Education: Providers should educate patients about local developments in the community and how these impact their treatment.

Safety: Patients need to understand that providers are taking their safety seriously. Communication to patients should highlight the various safeguards put in place to protect them, such as those highlighted above.

Risks: Providers also need to make certain that patients fully understand the risks inherent with delays in treatment. For cancer patients, this is a key concern—delays in treatment may result in a more advanced disease and/or may affect the type of therapy they receive.

Compassion: Cancer is a scary and emotional journey for patients. Providers should seek to engage with patients to understand their fears and concerns as a treatment plan is being formulated. In certain cases, the care team may consider alternative treatment pathways, such as the use of neoadjuvant therapy, to navigate these challenges. By empowering patients to have a role in establishing their treatment plan, providers can better address patients' psychological needs while treating their physical needs, thereby keeping them engaged with their therapy.

Financial performance

One of the most significant challenges of COVID-19 is the financial strain it places on programs. During the height of the pandemic, programs have likely been operating at reduced revenue levels. This will be followed by periods of volume growth, although the payer mix will likely be less favorable than before. Many patients may transition to government plans (Medicare or Medicaid), an exchange product, or have no insurance after losing private insurance that was tied to their jobs.

Programs need to develop a holistic financial improvement plan, complete with scenario modeling and quantification of potential tactics, as soon as possible to understand available tactics, their financial impact, and potential strategic implications. Strategies to include in such a financial improvement playbook can be found below.

Payer strategy: Begin key conversations with payers early. Conversations with the NCI center leaders indicate that most have yet to begin these efforts.

- Identify alternative payment constructs that support changes to the care delivery model discussed above (e.g., shorter course therapy, oral chemotherapy).
- Explore potential development of value-based payment models that may generate additional income for the practice.
- Identify potential areas of assistance that payers are offering (e.g., accelerated or advanced payments) and enroll in these programs.
- For contracts that are currently being negotiated, toughen the negotiation stance if possible and take advantage of the fact that payers are likely to be in a favorable financial position.
- Negotiate with payers to extend or expand telehealth coverage models that were implemented during the pandemic. Seek especially to preserve telemedicine rate parity with facility-based services.

Financial navigation: Recognizing the financial challenges that many patients may be facing, develop or expand your financial navigation program by increasing the number of dedicated FTEs.

Accounts receivable (A/R): The irregular distribution of patients created unique challenges from a cash flow and A/R perspective. In preparation for the recovery surge, add support for A/R functions, either by staffing up in this department or by seeking short-term vendor support. Given the potential competition for limited skilled resources, develop a solution early, before costs increase.

Expense management: Look for creative ways to reduce costs and eliminate waste, such as the consolidation of regional programs or termination of underperforming programs or services. Given the potential lead time to implement these strategies and the expense management efforts already under way, this is unlikely to be a primary strategy for most programs.

Capital investments: Operational decanting and debulking strategies should create considerable capacity that will likely endure beyond the period of COVID-19. Centers may find that this virtual capacity enables them to delay potential capital investments that would otherwise have been required to expand physical capacity.

Conclusion

The COVID-19 pandemic had a compounding effect on patients suffering from serious illness or disease, as cancer patients now know only too well. In many cases, they had to deal with the pain and discomfort of a terrible disease, with little or no relief from their doctors or hospitals. In addition, they dealt with the stress and worry of knowing that they were suffering from a disease that grows and spreads if it is not treated, hoping against hope that they would be able to access care before their cancer had spread too far.

Cancer programs must make it a priority to give their patients the attention they have gone without for so long. Because it is certain that patients will be coming back. In many countries, there is already an increase in outpatient visits. Studies in the US showed a rise in cancer screening and testing for the time from September to the beginning December 2020 that exceeded the numbers seen before the pandemic.[13] In the UK, the NHS has experienced a record high of urgent suspected cancer referrals since March 2021, and aims to reduce waiting times to pre-pandemic levels by March 2022.[14] The challenge is clear, and while it is daunting, it can be overcome.

The strategies proposed in this paper by ECG Management Consultants reflect the advice from leaders in cancer care in the US, and can be adapted by cancer care programs everywhere. Without question, providers must begin planning now for the surge in demand from patients that they know is coming, and that has in fact already begun. A comprehensive recovery plan, adapting the strategies outlined above, will ensure that the necessary resources are in place to maintain support for the cancer patients who need care. The plan will need to encompass the care delivery model, operational requirements, financial implications, and near- and long-term strategic considerations.

For people in the best of circumstances, the pandemic has been a stressful and trying time. For cancer patients, it has been a physical and emotional ordeal. There is nothing that can be done to get them back the time they have lost, but with the right strategies in place, their providers can begin preparing them for the future.

Suggested follow-up on

siemens-healthineers.com/insights/transforming-care-delivery

- Insights Series, Issue 19: Unlocking the Digital Front Door: How healthcare can be made more accessible.
  Available at: **siemens-healthineers.com/insights/news/unlocking-the-digital-front-door**
- Insights Series, Issue 7: Do one thing, and do it better than anyone else.
  Available at: **siemens-healthineers.com/insights/news/martini-klinik-specialization-optimization.html**
- Insights Series, Issue 5: Reducing the fear and anxiety associated with breast cancer screening.
  Available at: **siemens-healthineers.com/insights/news/redesigning-patient-experience.html**

Information:

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Matt is co leader of ECG's Oncology Services practice. Utilizing more than 17 years of experience, he assists clients with developing and expanding their oncology programs through improved clinical coordination, enhanced physician leadership, and increased clinical capabilities. Matt has established a track record of developing innovative solutions to complex problems and focused his career on improving access to high-quality clinical care, especially for those with life-threatening conditions. To this end, he works with health systems to create enhanced, sustainable, and comprehensive care delivery models. Matt has completed nearly 130 oncology-related engagements with over 70 clients. He views every oncology project as an opportunity to aid in the war on cancer; his technical expertise, relentless drive, and collaborative approach yield enduring benefits for the clients and organizations he serves. Matt's work has included developing strategic plans, providing support in launching new clinical modalities, and assisting programs with growth and expansion opportunities through acquisition and partnership. He has also helped several leading cancer centers pursue NCI comprehensive designation and develop new or expanded services. Recently, Matt worked with an NCI center to develop a regional growth strategy that enabled the organization to provide care to more patients and expand the reach of its clinical research enterprise. The strategy involved a combination of opening new greenfield sites, collaborating with other healthcare organizations, and acquiring existing oncology providers. In addition, Matt also regularly speaks at industry conferences and has authored pieces on current trends in oncology for leading publications.

Jessica Turgon
Principal
at ECG Management Consultants

Jessica co leads our Oncology Services practice and has more than 20 years of experience in coaching and advising oncology leaders at health systems and within service lines, at oncology practices, and at NCI-Designated Cancer Centers. Jessica understands the challenges that cancer programs and patients face, and she is driven to help clients realize transformative cancer care in their communities. Whether it is connecting patients through new digital tools or advising clients on the programmatic changes to improve tumor site–specific care models, Jessica delivers data-driven decisions with an understanding of the change management and implementation actions required. Clients, both at academic centers and community programs, have successfully realized strategic objectives through Jessica's and her team's advisory services, including market expansion, recruitment of top-tier researchers and clinicians, NCI designation, and financial sustainability. She is a national speaker on cancer topics related to performance improvement, advanced payment methodologies, patient access and engagement, and strategic marketing positioning. She coauthored Oncology: Strategies for Superior Service Line Performance, a book published by HealthLeaders Media. Prior to joining ECG, she spent almost 10 years leading cancer programs at academic medical centers.

Meagan O'Neill
Senior Manager
at ECG Management Consultants

Blending her policy background and analytical expertise, Meagan helps clients take advantage of opportunities in their markets to improve the delivery of healthcare. Meagan's experience with strategic initiatives across the healthcare industry helps her clients gain a comprehensive understanding of the issues they encounter and identify actionable and lasting solutions. Meagan has nearly 10 years of experience working in consulting and project management for healthcare organizations. At ECG, Meagan assists providers with strategic and financial planning on initiatives related to service line development, organizational restructuring, and business and affiliation planning. Meagan's detailed understanding of key service lines, combined with her systems-level work on broader strategic initiatives, enables her to approach the complexities of program planning from a health system viewpoint. Meagan is an emerging leader in the firm's Oncology practice and has led dozens of oncology engagements spanning a broad range of project types, including planning, affiliations, transactions, physician alignment models, and financial analysis. She is passionate about helping cancer organizations navigate the challenges of a rapidly evolving field and evaluate opportunities that will ultimately lead to more sustainable and successful programs.

ECG Management Consultants

ECG specializes in providing consulting assistance to leading healthcare providers across the U.S. In November 2019, ECG entered into a partnership agreement with Siemens Healthineers, the global leader in medical technology and digital health transformation. ECG has a dedicated group of Oncology Consultants, dedicated to the work of improving cancer care and performance. This team has worked with more than 1,000 cancer centers, hospital, health systems and oncology practices to enhance strategies, improve performance, and expand access to value-based cancer care. As an independent affiliate, ECG collaborates with the Siemens Healthineers' global enterprise services practice, providing subject matter expertise, smart counsel, and pragmatic solutions.

Dr. Ralf Meinhardt
Senior Global Marketing Manager
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Ralf Meinhardt leads Siemens Healthineers' thought leadership activities related to Transforming Care Delivery. Previously, Ralf worked in the pharmaceutical industry, as well consulting and scientific research. Ralf holds a Doctor of Economics and Social Sciences degree from the University of Erlangen-Nuremberg. He also holds a Master of Science degree in Management as well as a Bachelor of Arts degree in Business Administration. In addition to his academic work at the University of Erlangen-Nuremberg, he also studied at the Indian Institute of Management, Bangalore (IIMB). His scientific background is in the field of corporate strategy, a subject on which he has authored several publications.

Dr. Herbert Staehr
Vice President
Global Head of Transforming Care Delivery
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Herbert Staehr serves as Global Head of Transforming Care Delivery for Siemens Healthineers, driving the company's activities and messaging around delivering high-value care. In this capacity, he develops and executes programs and outreach strategies aimed at healthcare providers around the world, as well as stakeholders in every branch of the healthcare industry. Before joining Siemens Healthineers, Herbert spent several years with one of Germany's leading private hospital groups, as head of the Corporate Development department and serving as Managing Director of an acute care and a post-acute care hospital in Germany. He also spent several years with McKinsey & Company with their healthcare practice, providing strategic advice to a wide range of international clients. Herbert holds a doctorate in Healthcare Economics from the University of Hohenheim.

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Our mission is to enable healthcare providers to increase value by expanding precision medicine, transforming care delivery, improving the patient experience, and digitalizing healthcare. With our comprehensive portfolio—from in-vitro diagnostics and imaging to therapy and follow-up care—we address the complete care continuum for many of the world's most threatening diseases.

Every hour, more than 240,000 patients are touched by technologies provided by Siemens Healthineers. We are at the center of clinical decision making with almost three-quarters of all critical clinical decisions influenced by our solutions. We are a leading medical technology company with over 120 years of experience and more than 65,000 highly dedicated employees around the globe who are innovating every day, truly shaping the future of healthcare.

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